

A

Adjustment	A process whereby changes to provider payments are made as a result of policy and procedure.
Adult	<p>A person 18 years of age or older but less than 60 years of age who is receiving services under any program other than a children's program.</p> <p><u>Note:</u> A person 18 through 20 years of age may be authorized to either a child benefit or an adult benefit.</p>
Adult Crisis Services	Specialized adult crisis services for adults 18 or older who are not enrolled in KCMHP outpatient or residential services. The service provides next day appointments and follow-up care, both in and out of facility, until the crisis has stabilized.
Adult Family Home	A regular family abode in which a person or persons provide room and board, personal care and/or special care to more than one but not more than six adults who are not related by blood or marriage to the person(s) providing the services.
Advance Directive	A written instruction, such as a living will or durable power of attorney for health care, relating to the provision of health care (including mental health care) when the individual is incapacitated.
Agency	For purposes of the KCMHP, this refers to licensed community mental health centers credentialed to provide mental health services to Prepaid Health Plan clients and families; also called a provider.
Allied System Provider	An agency or person representing an allied system that provides direct services to clients and their families
Allied System	An organization in close relationship to the mental health system responsible for the provision of services (that are not classified as mental health services) to clients and families.
Appeal	A term that applies to only Medicaid clients, and is a request for a review of any Action.
Authorization	The activity by KCMHP in which a level of care or a specific service is determined to be medically necessary.

B

C

Care Plan	See Individualized Service Plan
Carveout Program	A carveout program is a program that provides mental health services outside of the outpatient level of care benefit.
Case Management	Coordination and provision of treatment that assures access to needed services and continuity of care through the development of individualized service plans. This is one of the core services of the KCMHP.
Case Manager Locator System (CMLS)	Database maintained on the State DSHS computer system that allows authorized users to access information on a mental health client to determine his or her enrollment status in any county in the State of Washington.
Case Mix	The distribution of populations (persons receiving outpatient services) across the case rate authorizations.
Case Rate	The established amount payable to a provider for an individual benefit, based on the individual's authorized benefit. The rate is defined for each benefit.
Catastrophic and Permanent	A catastrophic and permanent change refers to an unanticipated, substantial and irreversible medical or psychiatric change in the way a client meets authorization criteria, compelling the request for a new benefit for an already authorized client.
Child/Adolescent	<p>A person who is less than 21 years of age, and is receiving services under any children's program.</p> <p><u>Note:</u> A person 18 through 20 years of age may be authorized to either a child or an adult benefit.</p>
Child and Family Team	A group chosen by the child, youth and/or family who will support them to meet their needs across life domains. The team is comprised of members to continue to support the family when professionals are no longer involved.
Children's Crisis Outreach Response System (CCORS)	Crisis services, stabilization and referral for children, youth and families in crisis in King County.
Children's Long Term Inpatient Program (CLIP)	The state appointed authority for policy and clinical decision-making regarding admission to and discharge from state-funded beds in the children's long term inpatient programs (Child Study and Treatment Center, Pearl Street Center, McGraw Center, and Tamarack Center).

Children's Global Assessment Scale (CGAS)	A level of functioning assessment scale for children 6 through 20 years of age, published in the Diagnostic and Statistical Manual for Psychiatric Disorders (DSM). The CGAS is one of the indicators used to establish medical necessity for outpatient services.
Children's Program	A mental health program that can serve people up to 21 years of age.
Client	An individual who is enrolled in the mental health system through a provider authorized to provide mental health services by the KCMHP.
Client Lookup System (CLS)	The MHCADSD IS application that allows authorized users to access information on individuals to determine if they are receiving services from KCMHP providers.
Client Services	A KCMHP staff member who accepts calls and correspondence from clients, potential clients, and family members; answers questions regarding benefits, eligibility, access to care; and receives and attempts to resolve complaints and grievances.
Clinical Review	Review of services provided to a client in order to evaluate the quality of care, the impact the outcome of treatment and/or to verify medical necessity.
Community-based	Service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote client and family integration into home and community life.
Complaint	A complaint is a verbal statement of dissatisfaction with some aspect of mental health services.
Community Mental Health Agency (CMHA)	A licensed mental health center.
Concurrent Treatment Review	See Individualized Service Plan
Confidentiality	The ethical principle bound by statute that a mental health professional may not reveal any information disclosed in the course of mental health treatment, including the fact of providing treatment.
Congregate Care Facility (CCF) (aka Supervised Living)	Licensed group boarding home that provides 24-hour supervision and domiciliary care but is generally prohibited from delivering medical services. CCFs are frequently in partnership with a community mental health center to encourage residents to participate in a case management program and to allow for

medical monitoring by a psychiatrist.

Continued Stay Criteria

The minimum criteria to receive an additional authorization for a specific level of care.

**Co-Occurring Disorder (COD)
Integrated Treatment Services**

Intensive service program for adults with co-occurring mental and substance use disorders who are also high utilizer's of the King County Department of Adult and Juvenile Detention adult detention facilities.

**Coordinated Services and
Supports**

Services and supports planned in a coordinated manner between provider agencies, clients and families, and community organizations. Service plans are complimentary between agencies.

Corrective Action Plan

A written plan specifying provider requirements to correct identified deficiencies, the plan may include a timeline for such action, and consequences of lack of action.

Crisis Evaluation

Single face-to-face contact that involves clinical formulation of need for short-term services to address a specific crisis.

Crisis Service

A response to urgent and emergent mental health needs of persons in the community. The goal of this service is to stabilize the individual and family in the least restrictive setting, appropriate to their needs, considering strengths, resources and choice. Interventions shall be age and developmentally appropriate and shall contribute to and support the individual's innate resiliency and recovery.

Crisis Stabilization Placement

Short term intervention to help children, youth and families, not otherwise enrolled in KCMHP, through a crisis. These beds are available for children requiring immediate out of home placements who lack family or natural resources to safely rely upon. See Hospital Diversion Beds-children.

Cultural Assessment

A holistic evaluation of the person that encompasses the cultural, sociological, economic, political, and religious contexts that may influence his/her perceptions and decisions. This evaluation is performed by a specialist as defined by WAC 388-865 and results in ongoing appropriate and relevant service planning.

Cultural Competence	Per WAC 388-865, a set of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.
Cultural Differential	An adjustment in the case rate for each outpatient benefit to support services to clients who are ethnic minorities, sexual minorities, deaf or hard of hearing or non-facility-based medically compromised homebound individuals. The cultural differential payment rate is based on being a member of any one or more of these groups; the payment is not additive if the client belongs to more than one group.
Culture	An integrated pattern of human behavior, which includes and not limited to: Thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; dynamic in nature.
Current	An amount of time usually within the last 90 days, unless otherwise specified.
D	
Deaf	A hearing impairment of such severity that the individual must depend primarily upon visual communication such as writing, lip reading, manual communication and gestures. In general, an individual with a loss exceeding 80 decibels in the conversational range is considered to be deaf.
Designated Mental Health Professional (DMHP)	The only person legally authorized in Washington to file an official Involuntary Treatment Order for persons 13 or older. In King County, DMHP are staff of Crisis and Commitment Services.
Diagnostic Classification: 0-3	Diagnostic classifications of mental health and developmental disorders of infancy and early childhood from Zero to Three, published by the National Center for Clinical Infant Programs, Arlington, Virginia, 1994. These codes identify specific diagnoses for children less than six years of age and may be used to establish medical necessity for outpatient benefits.

E

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

The federally mandated program for Medicaid children under age 21 which directs that all children at or below the poverty level be screened for health problems (including mental health) and provided with appropriate services to treat any identified medical issues.

Emergent Care

Emergent care are those services that, if not provided, would likely result in the need for crisis intervention or hospitalization due to imminent concerns about potential danger to self, others, or grave disability. Emergency crisis services must be initiated within 2 hours of the initial request from any source. Examples include phone crisis services, CCS services, CCORS services, hospital diversion beds, and crisis stabilization services.

Enrollee

A Medicaid recipient.

Ethnic minority

For the purpose of qualifying for the cultural differential case rate, ethnic minority means a person who self identifies as any of the following: African American/Other Black; Asian American/Pacific Islander; Native American; Hispanic; or Other/Mixed Race.

Evaluation and Treatment Facility

Any facility certified by the State Department of Social and Health Services to provide short term involuntary inpatient mental health treatment.

Extraordinary Treatment Plan (ETP)

A plan for services when a client has treatment needs that exceed the most service-intensive benefit within the KCMHP outpatient or residential levels of care.

F

Fair Hearing

A grievance hearing before the Washington State Office of Administrative Hearings.

Facilitator

A person who maintains the principles of the wraparound process for an ongoing team. The facilitator coordinates the wraparound process and is responsible for guiding, motivating, or undertaking the various activities.

Family

A group of individuals who support the client emotionally, physically, and/or financially. A family is defined by its members and each family defines itself. A family can include individuals of various ages who are biologically related, related by marriage or not related at all.

Family Centered	The family voice is heard and integrated throughout policy, program development, and service delivery. Services have moved from family as client to family as partner. Services are “done with” the family, rather than “done to” the family.
Family Centered Practices	The needs and goals of the family are a priority of determining how and when services are rendered. Goals and desired outcomes are mutually defined, as are the resources needed to achieve them. Care planning utilizes existing and potential natural supports.
Family Friendly	Actions and environments that promote and welcome family members to actively participate in their care.
Family Partnership	Contributing to a joint venture with the child and family-usually sharing its risks and benefits. Requires joint decision making power and the shared distribution of benefits or losses.
Financial Exploitation	The illegal or improper use of the property, income, resources, or trust funds of a vulnerable adult by any person for any person’s profit or advantage (per RCW 74.34.020)
Flag	An indicator that identifies client-centered circumstances or situations that have implications for utilization management or financial management. Flags could: (1) include indicators that trigger the payment of the cultural differential case rate; (2) identify individuals who are high users of inpatient or crisis services; or (3) identify individuals who have an unusual service pattern.
Frequent User	A non-Medicaid recipient with at least two uses of any single resource or two uses of any combination of resources within the year previous to the referral date.

G

Geriatric Regional Assessment Team (GRAT)	Crisis response for older adults who reside in King County but are not enrolled in the KCMHP and who are experiencing multiple physical, mental and social problems.
Global Assessment of Functioning (GAF) Scale	A level of functioning assessment scale for adults 18 years of age or older, published in the current Diagnostic and Statistical Manual for Psychiatric Disorders (DSM). The GAF is one of the indicators used to establish medical necessity for outpatient services.
Grievance	An expression of dissatisfaction about any mental health matter, other than an Action for Medicaid clients that the client wishes to take beyond an informal complaint.

Guidelines Accepted good practice which is recommended for use, not required.

H

Hard of hearing A hearing impairment resulting in a functional loss, but not to the extent the individual must depend primarily upon visual or tactile communication. The hearing loss should be a significant factor in the symptoms of the mental illness (e.g. increasing anxiety, suspiciousness or isolation); in the person's level of functioning; or in the provision of treatment.

High Utilizer A person who has had three or more psychiatric hospitalizations in the previous twelve months.

Homeless Outreach, Stabilization and Transition (HOST) Project A project that provides outreach and engagement, intensive stabilization, transition to ongoing services, and reengagement into services for persons who are mentally ill and homeless.

Hospital Diversion Beds- Adult Beds available to all adults who are King County residents who can be appropriately diverted from an inpatient psychiatric hospital admission if given this service.

Hospital Diversion Beds – Children/Youth Beds available to children/youth that are authorized for outpatient level of care and who can be appropriately diverted from an inpatient psychiatric hospital admission if given this service.

I

Individual Service Plan An action plan mutually developed by the provider with the client and others providing supports to the client that describes the services and supports (Per WAC 388-865-0425) with client goals and steps to achieve recovery.

Initial Crisis Outreach A crisis service provided by the DMHP's 7 days a week, 24 hours per day. These are one-time only contacts, provided face-to-face in community based settings for persons in crisis for whom a mental disorder cannot be ruled out.

Inpatient Diversion Beds (see hospital diversion beds- adult) A short stay crisis bed in a residential facility that provides 24-hour staff supervision. The goal is to avert immediate voluntary or involuntary hospitalization for those persons who need very short-term supervision during times of emotional crisis in order to ensure their safety or the safety of others.

Inpatient A person receiving publicly funded psychiatric services in an inpatient facility, including evaluation and treatment facilities.

Intake	That part of the assessment process during which initial information on the client is collected.
Interagency Staffing Team (IST)	Multi-system regional treatment teams designed to increase cross system understanding and coordination in order to reduce or eliminate barriers to service for the hardest to serve and multi-system involved children and families.
Interim Benefit Change	A benefit change that is requested by the provider before the authorization change cutoff date.
Interpreter Services	The services of a DSHS or Court certified sign/oral staff member or interpreter in accordance with DSHS.
Involuntary Treatment/Commitment	Evaluation and action ordered by a DMHP and/or a Superior Court Judge for persons with a mental disorder who have demonstrated behavior that is dangerous to self or others; or have substantially harmed someone else's property; or are so gravely disabled that they are unable to provide for basic needs and are not receiving essential care for health and safety.
IST Child	Any child who is receiving services coordinated through an Interagency Staffing Team.
ITA Detained Person	Any person seen face-to-face under the provision of the Involuntary Treatment Act, RCW 71.05 or 71.34, and subsequently detained for inpatient psychiatric treatment.

J

Jail Transition Services	A program of intensive services for adults with co-occurring mental and substance use disorders who are also high utilizer's of the King County Department of Adult and Juvenile Detention adult detention facilities.
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K

KCMHP Client	A person receiving services under the KCMHP.
King County Mental Health , Chemical Abuse & Dependency Services Division (KCMHCADSD)	A division of the King County Department of Community and Human Services that is responsible for policy development and planning for the publicly funded mental health system in King County. MHCADSD oversees both the Regional Support Network and the Prepaid Health Plan. MHCADSD is also responsible for Chemical Dependency services in King County.

L

Levels of Care

The organization of KCMHP services into groups. The four levels of care are crisis services, outpatient services, residential services, and inpatient services.

Long Term Residential (LTR)

A 24-hour supervised care residential treatment program for adults who: 1) require 24-hour supervision; 2) do not require extensive medical care; 3) have a severe functional or behavioral impairment as a result of a psychiatric disorder; and/or 4) do not follow or do not have effective medications.

M

Managed Care

An integrated system managing access, intensity and duration of care through defined standards, expected outcomes, quality indicators and planned expenditures.

Medicaid Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse also includes beneficiary practices that result in unnecessary cost to the KCMHP.

Medicaid Managed Care Abuse means practices in a capitated MCO, PCCM program, or other managed care setting that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or contractual obligations for health care. The abuse can be committed by an MCO, contractor, subcontractor, provider, State employee, Medicaid beneficiary, or Medicaid managed care enrollee, among others. It also includes beneficiary practices in a capitated MCO, PCCM program, or other managed care setting that result in unnecessary cost to the Medicaid program, or MCO, contractor, subcontractor, or provider. A provider can be defined as any individual or entity that receives Medicaid funds in exchange for providing a service (MCO, contractor, or subcontractor). It should be noted that Medicaid funds paid to an MCO, then passing to subcontractors, are still Medicaid funds from a fraud and abuse perspective.

Medicaid Fraud	Medicaid Managed Care Fraud means any type of intentional deception or misrepresentation made by an entity or person in a capitated MCO, PCCM program, or other managed care setting with the knowledge that the deception could result in some unauthorized benefit to the entity, himself or some other person. A provider can be defined as any individual or entity that receives Medicaid funds in exchange for providing a service (MCO, contractor, or subcontractor).
Medicaid Recipient	An individual who is currently eligible for the Medicaid program, as shown on the medical identification card.
Medical Eligibility Lookup System (MELS)	Database that allows authorized users to obtain Medicaid eligibility information on a specific client.
Medically Necessary/Medical Necessity	A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this section, “course of treatment” may include mere observation or, where appropriate, no treatment at all. (WAC 388-865-0150)
Mental Health Care Provider	The professional with primary responsibility for implementing an individualized service plan for outpatient mental health rehabilitation services and/or community psychiatric inpatient care to be provided to the service recipient. WAC 388-865.
Mental Health, Chemical Abuse & Dependency Services Division Information System (MHCADSD IS)	Contains client, staff and service information submitted by MHP providers, State CMHIS, HHIS, High Utilizer Reports, Medicaid data, Crisis and Commitment Services database, Client Lookup System (CLS).
Mental Health Court	A specialized court for misdemeanor defendants with mental illness. Defendants work with a team of specialists, including a judge, prosecutor, defender, court monitor, treatment provider and probation officer, to receive court ordered treatment as a diversion from prosecution or as a sentencing alternative.
Mental Health Information System (MHIS)	The total electronic information system and network used by the state, KCMHP and contracted providers to collect, store and disseminate information concerning client participation in mental health services. Includes the State Client Information System, the State CMLS, the MHCADSD IS and the information systems of KCMHP providers.

**Mentally Ill Offender
Community Transition
Program, (6002)**

A five-year pilot program to plan and provide coordinated pre-release discharge planning and post-release case management services to individuals with a mental illness being released from Department of Corrections custody. Services shall include intensive outreach and engagement, community treatment and residential supports.

Multi-System Involved

Any person who is receiving services from or is formally involved with more than one service systems. Typically individuals would be involved with the mental health system and at least one other system like the criminal justice system and/or the child welfare system.

N

Natural Supports

Any person or organization contributing to positive outcomes that is not a formal treatment or intervention service or any supports provided by individuals or organizations in the family's own community, kinship, social, or spiritual networks.

**Non-facility-based Medically
Compromised Homebound
Client**

A client who has a chronic medical, physical or psychiatric condition, and causes significant disability such that the individual is 1) unable to leave home, or 2) if leaving home is possible, this occurs infrequently, is usually for the purpose of receiving medical care, and requires considerable effort, supervision, or assistance. Because of this difficulty or inability to leave home, the medically compromised homebound individual is unable to utilize services if provided only in a clinic. The client does not reside in a residential facility or Nursing home type environment. This designates, when verified by the MHCADSD IS, triggers the cultural differential case rates add-on.

Non-Medicaid

Persons who do not hold a valid card showing they meet Medicaid eligibility requirements. Mental health services will be available to non-Medicaid persons as resources permit.

Notice of Action

A written statement sent to a Medicaid clients and his/her requesting provider when 1) covered mental health services have been requested on the client's behalf and the request has been denied by the KCMHP; 2) services previously authorized by the KCMHP have been suspended, reduced or terminated; or 3) a provider is denied payment for services already given the client. The Notice includes the KCMHP decision, the rationale for the decision, and instruction on how the client may appeal the decision and the help available to the client in doing so.

Notice of Determination

A written statement sent to a Medicaid or non-Medicaid client and his/her requesting provider when outpatient or residential mental health services have been authorized by the KCMHP for the client. Additionally, Notices of Determination are sent to non-Medicaid clients in all the instances in which a Medicaid client would get a Notice of Action. The content of the Notices of Determination mirrors the content of the Notices of Action except for those instances where non-Medicaid clients have different rights.

O**Older Adult**

A person 60 years of age or older who is receiving services from the KCMHP.

Older Adult Crisis Services

See Geriatric Regional Assessment Team.

Ombuds Service

An advocacy service for clients and family members primarily staffed by current or former clients or family members who provide assistance with questions, complaints and/or grievances with publicly funded mental health services. Development of the service is based upon Washington Administrative Code (WAC) requirements.

Outcome Measure(s)

Specific information that demonstrates what happens to individuals as a result of the mental health care they receive. Individual outcomes for mental health care under the KCMHP are specifically defined for each client depending on age and the level of care he/she will receive.

Outreach

Mental health services provided to KCMHP clients in their places of residence or in non-traditional settings. There are two basic approaches to outreach – mobile (going to them) and drop-in centers (shelters, clubhouses, kitchens, clothing banks, etc.).

P**Parent-Infant Relationship
Global Assessment Scale (PIR-
GAS)**

An assessment scale for children under the age of six. The PIR-GAS is one of the indicators used to establish medical necessity for outpatient services.

**Prepaid Inpatient Health Plan
(PIHP)**

An entity, under contract with the state and funded by prepaid capitation payments, that provides, arranges for or otherwise has responsibility for the provision of any inpatient or institutional services for its enrollees and does not have a comprehensive (i.e. primary health care) contract.

Penetration Rate

The percentage of Medicaid individuals using publicly funded mental health services out of the total population of Medicaid

eligible.

Performance Indicator(s)

System level information about access, services provided, clinical characteristics, clinical outcomes, and finances.

Prevocational Services

Services based on individual need which prepares a person to seek work. Such services principally include improving skills in resume preparation, application writing, interviewing, and specific work-site related behaviors such as punctuality, employer-employee relations and hygiene.

**Primary Care Provider (PCP),
Primary Care Provider Mental
Health (PCPMH)**

See Mental Health Care Provider

**Program for All-Inclusive Care
of the Elderly (PACE)**

A carve out Medicare/Medicaid program for older adults offered through Providence Elder Care. This program allows frail elderly people who would qualify medically for a nursing home placement to live in their communities.

Provider

A term that indicates a contracted agency that provides mental health services within the KCMHP. May also refer to a facility or an individual.

Provider Profile

A compilation of information about a contracted provider of KCMHP outpatient tier services. The profile includes populations served clinical practice information and clinical outcomes.

Psychotherapy

The client centered treatment of emotional, behavioral, personality and psychiatric disorders based primarily upon verbal or non-verbal communication with the client in contrast to treatments utilizing chemical or physical measures.

Q

Quality Assurance

A focus on compliance to minimum standards (e.g., rules, regulations, contract terms) as well as reasonably expected levels of performance, quality and practice.

Quality Improvement

A focus on activities to improve performance above minimum standards reasonably expected levels of performance, quality and practice.

Quality Management

A system and/or process whereby quality assurance and quality improvement activities are incorporated and infused into all aspects of an organization's or system's operations.

Quality Review Team (QRT)	An independent team per WAC 388-865 that works closely with clients and families to review provider, RSN and KCMHP performance.
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R

Recovery	The process in which a client finds what has been lost from his/her life due to illness – the opportunity to make friends, use natural supports, make choices about care, and attend school or find and keep jobs – and to develop personal mechanisms for coping and for regaining independence.
Regional Support Network (RSN)	Created as a result of legislative action and responsible for establishment and coordination of a plan for mental health services (residential and community support) for clients/consumers on a regional level (county authority) through joint operating agreements with the State. The KCMHP is managed by the RSN.
Resiliency	The personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats or other stresses and to live productive lives. (RCW 71.24.025)
Routine Care	Services intended to stabilize, sustain, and facilitate consumer recovery within his or her living situation. These services do not meet the definition of urgent or emergent care.
Routine Services	See Routine Care.

S

Screening	The process by which a provider evaluates persons who present for service and determines the appropriate referral.
Service Populations	See above for individual definitions of Child, Adult, and Older Adult.
Seriously Emotionally Disturbed (SED)	<p>An infant or child who has been determined to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:</p> <ul style="list-style-type: none"> a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years; b) Has undergone involuntary treatment under chapter 71.34 RCW within the last two years;

- c) Is currently served by at least one of the following child serving systems: Juvenile justice, child-protection/welfare, special education or developmental disabilities;
- d) Is at risk of escalating maladjustment due to:
 - i. Chronic family dysfunction involving a mentally ill or inadequate caretaker;
 - ii. Changes in custodial adult;
 - iii. Going to, residing in or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home or a correctional facility.

Sexual Minority

A person who self-identifies as:

- a) lesbian; or
- b) gay male; or
- c) bi-sexual; or
- d) transgender; or
- e) questioning her/his sexual orientation and/or gender identity.

Strengths

The assets, skills, capacities, actions, talents, potential and gifts of each client, family member, team member, the family as a whole, and the community.

Supervised Living (SL)

Any residential service program including but not necessarily limited to an Adult Family Home or Congregate Care Facility (see separate definitions) in which staff provide 24-hour on-site supervision. Additional treatment services may be provided in this setting as part of the outpatient authorized benefit.

System of Care

A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.

System Collaboration

The organization and coordination of resources available through Federal, State, and local human service systems responsible for serving individuals and their families. Strategic planning, consolidation of funding streams, and policy formation are examples of tools that promote system collaboration and integration.

T

Termination Criteria

The criteria necessary for termination of an authorization for a specific level of care.

Tier Benefit

see Case Rate

TTY or TDD

Teletypewriter or Telecommunications Device for the Deaf. Both acronyms refer to a device that allows deaf individuals to

make a telephone call directly, without the use of another person to interpret.

U

Urgent Care

Urgent care services are those services that, if not provided, would result in decomposition to the point that emergency care is necessary. Urgent crisis services must be initiated within 24 hours of the initial request from any source. Examples include Crisis and Commitment Services (CCS), CCORS services, hospital diversion beds, and crisis stabilization services.

Utilization Review (UR)

The process of evaluating the use of services, procedures, and facilities by comparison with pre-established criteria.

V

Vocational Services

Services based on individual needs which support a person to gain and retain employment. Such services principally include vocational assessment, job development, job placement and job coaching. Vocational services may also include medical diagnostics, training, transportation and provision of tools, equipment and uniforms or work clothes.

W

Wait List

Any amount of time a non-Medicaid client is expected to wait for services beyond the established access standards.

Waiver

The document by which DSHS MHD requests sections of the Social Security Act be waived in order to operate a capitated managed care system to provide services to enrolled recipients.

Wraparound

A model of needs-driven and strengths-based planning through a facilitated team process. The client and family are supported by a team of people that includes natural/community supports and professionals, eventually evolving to a team of community supports.

Wraparound Collaboration

A process in which team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound care plan.

X

Y

Youth

A person who is between ages of 13-20 years of age receiving services under any children's program.

Z